

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

The proposed amendments make two changes to policy for Medicaid eligibility for employed persons with disabilities:

- Substitution of the phrase “before the next eligibility review” for the phrase “the 12-month period” in the discussion of when and how the monthly premium amount is set. This text change is intended to clarify that the premium may not be increased due to an increase in the member’s income before the next annual review of the member’s eligibility.
- Addition of a requirement for a member to submit a specific form when the member has reported that employment has stopped. The form will provide a standard procedure for informing the member of the responsibility to seek new employment and of the six-month limit on continued benefits when a member’s employment has stopped. Quality control reviews have identified this area as error-prone.

These amendments do not provide for waivers in specified situations. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

Any interested person may make written comments on the proposed amendments on or before May 11, 2010. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

These amendments are intended to implement Iowa Code section 249A.3(2)(a).

The following amendments are proposed.

ITEM 1. Amend subparagraph **75.1(39)“b”(1)** as follows:

(1) Beginning with the month of application, the monthly premium amount shall be established ~~for a 12-month period~~ based on projected average monthly income ~~for the 12-month period~~. The monthly premium established shall not be increased for any reason ~~during the 12-month period~~ before the next eligibility review. The premium shall not be reduced due to a change in the federal poverty level but may be reduced or eliminated prospectively ~~during the 12-month period~~ before the next eligibility review if a reduction in projected average monthly income is verified.

ITEM 2. Amend paragraph **75.1(39)“c”** as follows:

c. ~~Persons receiving assistance under~~ Members in this coverage group who become unable to work due to a change in their medical condition or who lose employment shall remain eligible for a period of six months from the month of the change in their medical condition or loss of employment as long as they intend to return to work and continue to meet all other eligibility criteria under this subrule. Members shall submit Form 470-4856, MEPD Intent to Return to Work, to report on the end of their employment and their intent to return to employment.